Customer No.: 20,995 /646

Docket No.: CALTE.004CP1

AMENDMENT / RESPONSE TRANSMITTAL

Applicant

Anderson et al.

App. No.

: 09/849,869

Filed

May 4, 2001

For

PAIN SIGNALING

MOLECULES

Examiner

: Ulm, John D.

Art Unit

1646

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 21, 2003

Andrew N. Merickel, Reg. No. 53,317

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 RECEIVED

OCT 2 8 2003

TECH CENTER 1600/2900

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment and Response in 9 pages.
- (X) A Courtesy Copy of four (4) references referred to in the Amendment.
- (X) Replacement Drawings in 3 pages.
- (X) An Information Disclosure Statement with a PTO Form 1449 and 1 reference.

The fee has been calculated as shown below:

| FEE CALCULATION | | | | | | |
|--------------------|-------|-------|---|--------------|---------------|-------|
| FEE TYPE | | | | FEE CODE | CALCULATION | TOTAL |
| Total Claims | 101 - | 101 = | 0 | 1202 (\$18) | 0 x 18 = | \$0 |
| Independent Claims | 20 - | 20 = | 0 | 1201 (\$84) | 0 x 84 = | \$0 |
| Multiple Claim | | | | 1203 (\$280) | | \$0 |
| | | | | | TOTAL FEE DUE | \$0 |

(X) Return prepaid postcard.

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(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Andrew N. Merickel Registration No. 53,317 Attorney of Record Customer No. 20,995 (415) 954-4114

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